OR BOARD OF HEALTH DATE RECEIVED:	DATE ISSUED:	PERMIT NO. FSE (RES)	YEAR	2018	
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APPLICATION FOR PERMIT TO OPERATE RESIDENTIAL KITCHEN

CASH	·
CHECK	

NORTHAMPTON BOARD OF HEALTH 212 MAIN STREET NORTHAMPTON, MA 01060 (413) 587-1214

LICENSE FEE: \$100.00

Non-Refundable Fee

	Date:				
Name of Establishment:					
Mailing Address (If different	:				
Name & Title of Applicant:					
Address of Applicant:					
Name of Owner (If different)):				
If corporation or partnership,	, give name, title & home	address of office	rs or partners.		
Name	<u>Title</u>		Home Add	<u>ress</u>	
State of	Nama 8	Address of			
Incorporation					
Type of Establishment	Fee Du	ration of Permit	 [Amount to be Paid	
Retail Food	1			Total Fee(s):	
Food Service		Annual		\$100.00	
Bar Service				—	
Caterer L Mobile Food] S	easonal □ [Fill in all informa	tion on page 2 listing all food items	3
Mobile Retail	Ten	nporary 🗆 📗	To be prepared	and distributed - Only foods that	are
Residential	<u>_\$100.00</u>			nazardous are allowed. Residen ations are not allowed.	ıtial
Bed & Breakfast	J	Ĺ	writiolesale opera	ations are not allowed.	
ADDITIONAL INFORMAT	ION: Water Source	Se	wage Disposal		
Name of	Person in Charge			Email Address	—
Name of	. Closh in Ollargo		!	Lindii / Iddi 000	
Telephon	e #		Signatu	re of Individual or Corporate Office	

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

RESIDENTIAL KITCHEN PRODUCT LIST

TYPE OF FOOD PRODUCT MANUFACTURED	LIST OF INGREDIENTS (In order of predominance by weight)	LOCATION AND NAME OF ESTABLISHMENT(S) WHERE SOLD
PRODUCT 1		
PRODUCT 2		
PRODUCT 3		
PRODUCT 4		
PRODUCT 5		
PRODUCT 6		
PRODUCT 7		
PRODUCT 8		
PRODUCT 9		
PRODUCT 10		

IT IS NOT NECESSARY TO FILL THIS CHART OUT IF YOU

HAVE ALREADY DONE SO AND THERE ARE NO CHANGES IN THE INFORMATION THAT THE BOARD OF HEALTH ALREADY HAS ON FILE.

SIMPLY CHECK THE BOX TO THE RIGHT.

